

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1949

State File No. **41348**
Registrar's No. **5175**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5175</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>45 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		24 th	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>2454 QUINCY AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGIA</u> b. (Middle) <u>GRAY</u> c. (Last) <u>WELCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 4-1949</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY-29-1901</u>	
9. AGE (In years last birthday) <u>48 YEARS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>STOCKTON, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Will P. Church</u>		13b. MOTHER'S MAIDEN NAME <u>Ossie Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>DON WELCH, SR.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DON WELCH, SR.</u>		ADDRESS <u>2454 QUINCY AVENUE, KANSAS CITY, MISSOURI</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Respiratory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Metastatic Tumor in Medulla Oblongata</u> DUE TO (c) <u>Carcinoma in Anterior Medullation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>165+</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 6, 1947</u> , to <u>Dec 4, 1949</u> , that I last saw the deceased alive on <u>Dec 4, 1949</u> , and that death occurred at <u>5:04 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard L. Lehner, M.D.</u> (Degree or title)				23b. ADDRESS <u>1103 Grand Kansas City Mo</u>		23c. DATE SIGNED <u>12/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Int. Mariah</u>		24d. LOCATION (City, town, or county) (State) <u>K C Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-6-49</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>		ADDRESS <u>1331 BROS. CREEK KANSAS CITY, MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Albert L. Savage

Student Embalmer No. *360*

working under my personal supervision.

Signed *Albert L. Savage*
Student Embalmer *360*

Signed *John E. Fraking*
Licensed Embalmer No. *4483*

P. O. Address *Kansas City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.